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APPLICANTS

David R. Fischell, Fair Haven, NJ;

Jonathan Harwood, Rumson, NJ;
Mary Carol Day, Middletown, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 128	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

04586
 ROSENBERG, KLEIN & LEE
 3458 ELLICOTT CENTER DRIVE-SUITE 101
 ELLICOTT CITY, MD
 21043

TITLE

System for patient alerting associated with a cardiac event

FILING FEE RECEIVED 2800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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